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QBE HONGKONG & SHANGHAI INSURANCE LIMITED
A member of the worldwide QBE Insurance Group
17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong
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CLAIMS HOTLINE 賠償部熱線：	(852) 2877 8608
CLAIMS FAX 賠償部傳真：	(852) 3607 0530
TRAVEL CLAIMS EMAIL 旅遊賠償部電郵：	qbetravelclaimhk@qbe.com

FOR AGENT USE:

Agent name:
Tel no.:

TRAVEL CLAIM FORM 旅遊索償申請表

A. NOTES 注意事項

1. All questions must be answered. If not applicable, write "n/a".
   所有問題必須作答。如不適用者，請填上「不適用」。
2. The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Ltd.
   發出此索償申請表並不代表昆士蘭聯保保險有限公司承認任何責任。
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
   若填報資料的位置不足，請填寫於附加紙上。
4. Please submit this claim form with copy of your HKID card / passport. If this is a claim for your children, please also submit copies of their birth certificates.
   請將此索償申請表連同香港身份證 / 護照影印本一併呈交。如為子女申領賠償，請附上出生證明書副本。
5. If there is more than one claimant but not insured under family cover, please complete another claim form.
   若超過一位索償人，而又不是投保家庭計劃，請另填索償申請表。
6. Please tick where appropriate 請於適當位置填上✓號

☐ If you need the return of submitted receipt(s), we will return a certified true copy of your receipt(s) to you.
若閣下需取回收據，我們將會退回收據的核實副本給閣下。

☐ If you do not wish to receive our email notification for claim acknowledgement and further updates, please opt out the box.
若閣下不希望參與以電郵形式通知確定收到索償申請，以及最新通知，請勾選此空格。

***SECTIONS B & C BELOW ARE COMPULSORY INFORMATION FOR ALL CLAIMS** 任何索償必須填寫下列 B 及 C 部*

B. DETAILS OF THE INSURED 保戶資料

Policy no. 保單號碼:	Name of the insured person 受保人姓名：	
Address 地址:		
Home tel. no. 住宅電話:	Office tel. no. 辦公室電話:	Mobile tel. no. 流動電話:
Email 電郵:		
Date of birth 出生日期:	Gender ☐ Male 男 性別: ☐ Female 女	Occupation / business 職業 / 行業:
Name of claimant 索償人姓名:		Relationship with the insured person 與受保人關係：

Was / Were there any other insurance policy / policies covering this incident / loss / accident / illness at the time of occurrence? ☐ YES 是 ☐ NO 否
是次事件 / 損失 / 意外 / 疾病發生時是否同時享有其他保險之保障?
If "Yes", please give details and amount recovered or recoverable. 如「是」，請列詳情及已領回 / 可領回之金額。

Name of insurer 保險公司名稱	Policy no. / claim no. 保單 / 索償號碼	Amount recoverable / recovered 可領回 / 已領回之金額

Have you made any travel insurance claims previously? ☐ YES 是 ☐ NO 否
閣下過往是否曾提出旅遊保險索償?
If "Yes", please give details. 若「是」，請詳細列明。

Name of insurer 保險公司名稱	Policy no. / claim no. 保單 / 索償號碼	Date of claim 索償日期	Total claimed amount and amount received 申領賠償金額及已領回金額總數

Please return the form together with copies of boarding passes / air-tickets / e-tickets / passport / other supporting documents.
請連同登機證 / 機票 / 電子機票 / 護照 / 其他文年副本一併呈交。

Date of departure
離境日期:

Date of return
入境日期：

C. INCIDENT / LOSS / ACCIDENT / ILLNESS DETAILS 事件/ 損失 / 意外 / 疾病資料

Exact place where the incident / loss / accident / illness occurred
事件 / 損失 / 意外 / 疾病發生之確實地點：

Date
日期：

Time
時間：

am / pm
上午 / 下午

Description of the incident / loss / accident / illness
事件 / 損失 / 意外 / 疾病之詳情:

Any one witness, if any 任何一位目擊者(如有):

Name
姓名:

Relationship with the claimant
與索償人關係:

Address
地址:

Tel. no.
聯絡電話:

Email
電郵:

***ONLY COMPLETE RELEVANT SECTIONS (D, E, OR F) PERTAINING TO YOUR CLAIM** 只須填寫有關索償的部份（D, E / 及F）*

D. MEDICAL EXPENSES / PERSONAL ACCIDENT / ADDITIONAL ACCOMMODATION & TRAVELING EXPENSES 醫療費用/ 個人意外 / 額外住宿及交通費用

Nature of injury / illness
受傷 / 疾病性質：

Have you ever suffered from this or similar condition or a recurrence of a previous injury or illness? ☐ YES 是 ☐ NO 否
閣下是否曾經患上此類或類似之疾病，或舊傷 / 舊病復發?

If "Yes", please give full details. 如「是」，請列明詳情。

Your usual attending physician 閣下經常求診之醫生：

Name
姓名：

Tel. no.
電話：

Patient no.
病歷號碼：

Address
地址:

Were you hospitalized overseas as a result of this injury or illness? ☐ YES 是 ☐ NO 否
閣下是否曾因此次受傷或疾病而於海外住院？

If "Yes", please state. 如「是」，請註明。

Date of admission
入院日期:

Date of discharge
出院日期:

Are you fully recovered? ☐ YES 是 ☐ NO 否
閣下是否已經完全康復？

If "No", please state what treatment(s) that you are now receiving. 如 「否」，請説明閣下現時接受的治療。

Please list items to be claimed (Please attach original medical receipts) 請列出索償項目（請一併呈交醫療收據正本）：	Date of visit 求診日期：	Amount claimed 申領索償金額：	
		Original currency 原有貨幣：	Amount 金額：

If space provided is inadequate, please use separate sheet of paper for item list. 若此欄填寫位置不足，請另加紙張。

E. BAGGAGE / PERSONAL EFFECTS / TRAVELING DOCUMENTS & PERSONAL MONEY 行李/ 私人物品 / 旅行證件及個人金錢

Did you report it to the police at the place of loss? ☐ YES 是 ☐ NO 否
閣下是否已向當地警方報案？

If "Yes", please state: 如「是」，請註明:

Address and contact no. of the police station
有關警署之地址及聯絡電話：

Report no.
報案號碼:

Have you lodged a claim or complaint against any carrier / airline or other authority for the loss or damage to your property? ☐ YES 是 ☐ NO 否
閣下是否已就遺失或損毀財物向承運商 / 航空公司或其他機構索償或投訴？

If "Yes", please give details and attach copies of correspondence. 如「是」，請提供詳情及附上書函副本。

Name of carrier / airline
承運商 / 航空公司名稱:

Claim no.
索償號碼:

Please list items lost or damaged 請列明被盜或損毀的項目：	Date of purchase 購買日期：	Original purchase price 原價：	Amount claimed 申領索償金額：

If space provided is inadequate, please use separate sheet of paper for item list. 若此欄填寫位置不足，請另加紙張。

F. OTHERS 其他

Please specify Benefit No. / Name
請列明保障項目代號 / 名稱：

Please list items to be claimed (Please attached original supporting documents) 請列出索償項目（請一併呈交證明文件正本）：	Date of visit 求診日期：	Amount claimed 申領索償金額：	
		Original currency 原有貨幣：	Amount 金額：

If space provided is inadequate, please use separate sheet of paper for item list. 若此欄填寫位置不足，請另加紙張。

COMPULSORY INFORMATION FOR ALL CLAIMS *任何索償必須填寫*

G. DECLARATION & AUTHORIZATION 聲明及授權

I hereby declare that:
本人 就此聲明:

1. The information provided by me in this form is true and correct in every aspect.
   本人在此表格提供的資料全是真實正確無訛。
2. I have not withheld from QBE Hongkong & Shanghai Insurance Ltd. any information within my knowledge connected with the accident / incident.
   本人 就本人 所知，並未有向昆士蘭聯保保險有限公司隱瞞 / 保留任何有關意外 / 事件資料。
3. I hereby authorize all physicians, hospitals, clinics, insurance companies or organizations (including employers) that have any records or knowledge of the insured person or his / her medical and health conditions to disclose to QBE Hongkong & Shanghai Insurance Ltd. or its representative all information and / or documents about the insured person with reference to the incident, his / her other insurance covers and / or insurance claim history, his / her health and medical history and any hospitalization, advice, treatment, disease, injury or ailment, or attendance record. Such authorization shall survive me and be binding on my estate in any event even if I may be suffering from any kind of mental incapacity in so far as legally possible. A Photostatic copy of this authorization shall be as effective and valid as the original.
   本人在此授權所有醫生、醫院、診所、保險公司或擁有有關受保人資料或其醫療和健康記錄之機構(包括僱主)，向昆士蘭聯保保險有限公司或其代表披露及提供受保此次意外之所有有關資料及 / 或文件、其他保險之保障及索償申請資料記錄、過往之健康記錄及病歷、任何住院、診斷、治療、疾病、受傷或病痛或出勤記錄。如法律上可行，本授權書在本人身故或有任何程度的精神不健全後仍然有效，並對本人之遺產具有約束力。此授權書之影印本亦屬有效。

Signature of the insured person / claimant
受保人 / 索償人簽署：

人

(Please sign with company chop, if incorporated 如屬法團請蓋章)

Date
日期： / /

HKID no.
香港身份證號碼

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes.Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the Personal Data Privacy Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

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注意：中文譯本內容如與英文有所不同時，以英文本為準。

CLM.TRVCF.V2-2.1.1503

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